

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐Check if different
than previously
reported. (ACC)

Owings Mill

MD

21117

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00286922

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

28

2006

through

12

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeanne Kennedy

Signature of Treasurer

Electronically Filed by Jeanne Kennedy

Date

01

31

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		1438.28
(b) Cash on Hand at Beginning of Reporting Period	4213.88	
(c) Total Receipts (from Line 19)	1526.40	13702.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5740.28	15140.28
7. Total Disbursements (from Line 31)	1250.00	10650.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4490.28	4490.28
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1194.00	4634.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	332.40	9068.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	1526.40	13702.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	1526.40	13702.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1526.40	13702.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1526.40	13702.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1000.00	6600.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		250.00	4050.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		1250.00	10650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		1250.00	10650.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1526.40	13702.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1526.40	13702.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name (Last, First, Middle Initial) Gregory A Devou Mailing Address 3132 River Valley Chase City State Zip Code West Friendship MD 21794 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation EVP & CHIEF MARKETING OFFR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126210979944 Amount of Each Receipt this Period 48.00 P/R Deduction (\$16.00 Weekly)
B. Full Name (Last, First, Middle Initial) Michael J Felber Mailing Address 14 Lochmoor Court City State Zip Code Timonium MD 21093 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation SVP, SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126210989944 Amount of Each Receipt this Period 42.00 P/R Deduction (\$14.00 Weekly)
C. Full Name (Last, First, Middle Initial) David D Wolf Mailing Address 2337-1 Boston St City State Zip Code Baltimore MD 21224 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation EVP, MEDICAL SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211019944 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name (Last, First, Middle Initial) John A Picciotto Mailing Address 704 Sussex Road City State Zip Code Towson MD 21286 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation EVP & GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211029944 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Weekly)
B. Full Name (Last, First, Middle Initial) Rita A Costello Mailing Address 1911 Corbridge Lane City State Zip Code Monkton MD 21111 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation SVP, STRATEGIC MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211739944 Amount of Each Receipt this Period 36.00 P/R Deduction (\$12.00 Weekly)
C. Full Name (Last, First, Middle Initial) Julie S Hatton Mailing Address 220 Princeton Lane City State Zip Code Bel Air MD 21014 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation DIRECTOR, GOV'T AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126212029944 Amount of Each Receipt this Period 24.00 P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City State Zip Code
Pikesville MD 21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126212119944

Amount of Each Receipt this Period

48.00

P/R Deduction (\$16.00 Weekly)

Full Name (Last, First, Middle Initial)

B. C. shekar Subramaniam

Mailing Address 9601 Eagle Court

City State Zip Code
Ellicott City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
AVP, BROKER SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126213119944

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Donna L Potter

Mailing Address 2802 Artemus Ct.

City State Zip Code
Baldwin MD 21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
DIRECTOR, REAL ESTATE & FACILI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126213839944

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Jeanne A Kennedy

Mailing Address 4915 Bramhope Lane

City State Zip Code
 Ellicott City MD 21043

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
VP, TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126214909944

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Steven J Sanders

Mailing Address 8495 Kings Meade Way

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
MEMBER, SR TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126215569944

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

C. William V Stack

Mailing Address 9 Farm Ridge Court

City State Zip Code
 Baldwin MD 21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126215619944

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name (Last, First, Middle Initial) Livio R Broccolino Mailing Address 713 East Seminary Ave City State Zip Code Towson MD 21286 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation VP & DEPUTY GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126220819944 Amount of Each Receipt this Period 24.00 P/R Deduction (\$8.00 Weekly)
B. Full Name (Last, First, Middle Initial) Sharon J Vecchioni Mailing Address 13003 Jerome Jay Drive City State Zip Code Hunt Valley MD 21030 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation EVP, CHIEF OF STAFF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126220999944 Amount of Each Receipt this Period 48.00 P/R Deduction (\$16.00 Weekly)
C. Full Name (Last, First, Middle Initial) Gregory M Chaney Mailing Address 16 Fox Creek Court City State Zip Code Owings Mills MD 21117 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation EVP, CFO & TREASURER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126221029944 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name (Last, First, Middle Initial)

Michelle J Wright

Mailing Address 511 Forest Lane

City State Zip Code
 Baltimore MD 21228

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
AVP, STAFF SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126221559944

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

B. Full Name (Last, First, Middle Initial)

Booker T Carter

Mailing Address 16905 Federal Hill Court

City State Zip Code
 Bowie MD 20716

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
VP, CLAIMS & DC OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126225549944

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Weekly)

C. Full Name (Last, First, Middle Initial)

Michael J Fierro

Mailing Address 5208 Grovemont Dr

City State Zip Code
 Elkridge MD 21075

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
AVP, MEDICAL INFORMATICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126229569944

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name (Last, First, Middle Initial) Eric R Baugh Mailing Address 1211 Bay Highlands Dr City State Zip Code Annapolis MD 21403 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation SVP, CHIEF MEDICAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126229949944 Amount of Each Receipt this Period 42.00 P/R Deduction (\$14.00 Weekly)
B. Full Name (Last, First, Middle Initial) Kevin C O'Neill Mailing Address 617 W. 40Th Street City State Zip Code Baltimore MD 21211 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation VP, PROJECT MANAGEMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126229959944 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)
C. Full Name (Last, First, Middle Initial) Winston Wong Mailing Address 1998 Conan Doyle Way City State Zip Code Eldersburg MD 21784 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation AVP, PHARMACY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126230379944 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name (Last, First, Middle Initial) Kevin J Barrows Mailing Address 31 Brett Manor Ct City State Zip Code Hunt Valley MD 21030 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation DIRECTOR, DATA ARCHITECTURE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126230619944 Amount of Each Receipt this Period 24.00 P/R Deduction (\$8.00 Weekly)
B. Full Name (Last, First, Middle Initial) Gary A Colangelo Mailing Address 8802 Woodland Drive City State Zip Code Silver Spring MD 20910 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation DIRECTOR, DENTAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126235859944 Amount of Each Receipt this Period 24.00 P/R Deduction (\$8.00 Weekly)
C. Full Name (Last, First, Middle Initial) David W Karsten Mailing Address 3613 Thornapple Street City State Zip Code Chevy Chase MD 20815 FEC ID number of contributing federal political committee. C Name of Employer Group Hosp & Med Svcs, Inc Occupation AVP, MANAGEMENT ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126238909944 Amount of Each Receipt this Period 24.00 P/R Deduction (\$8.00 Weekly)
SUBTOTAL of Receipts This Page (optional) ▶			72.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Michael B Edwards

Mailing Address 14236 Bradshaw Drive

City State Zip Code
 Silver Spring MD 20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation
SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126240309944

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Robert M Thomas

Mailing Address 1740 T St.
Apt. #3

City State Zip Code
 Washington DC 20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation
DIRECTOR, MEDICAL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126245209944

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Susan Kordela

Mailing Address 112 Maryland Avenue

City State Zip Code
 Edgewater MD 21037

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
DIRECTOR, QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126253129944

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City State Zip Code
 Owings Mills MD 21117

FEC ID number of contributing federal political committee.

C

Name of Employer
CareFirst of Maryland, IncOccupation
SVP, AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126271469944

Amount of Each Receipt this Period

36.00

P/R Deduction (\$12.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Leon Kaplan

Mailing Address 13033 Jerome Jay Dr

City State Zip Code
 Cockeysville MD 21030

FEC ID number of contributing federal political committee.

C

Name of Employer
CareFirst of Maryland, IncOccupation
EVP, OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126275149944

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Stacey R Breidenstein

Mailing Address 1717 Boggs Rd

City State Zip Code
 Forest Hill MD 21050

FEC ID number of contributing federal political committee.

C

Name of Employer
CareFirst of Maryland, IncOccupation
AVP, PROV CONTRACTING&INST REL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126276269944

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name (Last, First, Middle Initial) Edward W O'neil Mailing Address 4324 Roland Ave City Baltimore State FL Zip Code 21210 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation SVP & CHIEF ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126280319944 Amount of Each Receipt this Period 42.00 P/R Deduction (\$14.00 Weekly)
B. Full Name (Last, First, Middle Initial) Joseph G Rampone Mailing Address 6 Canterbury Court City Mendham State NJ Zip Code 7945 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation SVP, OPERATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126295349944 Amount of Each Receipt this Period 42.00 P/R Deduction (\$14.00 Weekly)
C. Full Name (Last, First, Middle Initial) Dennis A Cupido Mailing Address 281 Hancock Avenue City Bridgewater State NJ Zip Code 8807 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation VP, OPERATIONS SUPPORT SERV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126325059944 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Garry L Davis

Mailing Address 19302 Falls Rd.

City

Hampstead

State

MD

Zip Code

21074

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, SYSTEMS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR126325679944

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

1194.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Cummings for Congress

Mailing Address 2901 Druid Park Drive

City Baltimore State MD Zip Code 21215

Purpose of Disbursement

Candidate Name
Elijah Cummings

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 7

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 18033639

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Commonwealth Victory Fund

Mailing Address 1108 East Main Street
Second Floor

City Richmond State VA Zip Code 23219

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18033658

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00